

**Arizona Department of Agriculture (ADA)**

Central Licensing Section

1688 W. Adams

Phoenix, AZ 85007

Phone: (602) 542-0965

Fax: (602) 542-0466

For ADA/ASD Use Only

Date _____

(Cash) or Check # _____

Amount _____

Dairy License Application**Pursuant to A.R.S. 3-607 and 3-665**

Application must include applicant's name and address, the business name and address, the physical location where the business is to be conducted, and must be accompanied by the fee payment. All licenses expire on December 31st of each year.

License Type Information

(Please select one.)

Fee:

MANUFACTURING PLANT	<input type="checkbox"/>	\$50.00
MILK DISTRIBUTING PLANT	<input type="checkbox"/>	\$50.00
TRADE PRODUCTS MANUFACTURER	<input type="checkbox"/>	\$50.00
PRODUCER-DISTRIBUTOR	<input type="checkbox"/>	\$25.00
WHOLESALE DISTRIBUTOR	<input type="checkbox"/>	\$25.00
TRADE PRODUCTS MANUFACTURER ONLY	<input type="checkbox"/>	\$100.00

Applicant Information

Application Date: _____

Name of Applicant: _____ Street Address: _____

Applicant's Title: _____ City: _____ State _____ Zip _____

Applicant's Social Security No: _____ Applicant's Phone No: ____ () _____

Business Information

Name of Company: _____

Mailing Address

Street Address: _____

City: _____ State _____ Zip _____

Company Contact: _____

Physical Plant Address

Address: _____

City: _____ State _____ Zip _____

Company Contact's Phone No: ____ () _____

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name) _____

Signature _____

Date _____